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I hereby certify that these papers, consisting of 111 pages total, are being facsimile transmitted to the Patent and Trademark Office 703-872-9306 on the date shown below.

DATE: July 12, 2004


Dennis R. Haszko
Registration No.: 39,575

TO THE ATTENTION OF:

MAIL STOP:

COMPANY: United States Patent and Trademark Office
CITY: Arlington, Virginia, U.S.A.
FAX NUMBER: 703-872-9306
DATE / TIME: July 12, 2004
FROM: Dennis R. Haszko
DIRECT DIAL: (613) 237-5160
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 10/032,014
Title: LABEL SWITCHED PATH OAM WRAPPER
Inventor(s): AZAD, Mina, M.
Our File: PAT 2224-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 11
CONFIRMATION TO FOLLOW: NONE

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F A X / T É L É C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: AZAD, Mina, M.
Serial No.: 10/032,014
Filed: December 31, 2001
Title: LABEL SWITCHED PATH OAM WRAPPER
Group: 2161
Examiner:
Attorney Ref.: PAT 2224-2 US

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U.S. Patent and Trademark Office
220 20th Street S.
Crystal Plaza Two, Lobby, Room 1B03
Arlington VA 22202
U.S.A.

Dear Sir:

**RE-SUBMISSION OF REVOCATION OF POWER OF ATTORNEY
AND APPOINTMENT OF NEW POWER OF ATTORNEY**

On March 5, 2004, we submitted via facsimile (703-872-9306) a Revocation of Power of Attorney and Appointment of New Power of Attorney. Enclosed is the United States Patent and Trademark Office facsimile Auto-Reply for your reference, together with our original submission.

Please confirm that Borden Ladner Gervais, customer number 26123, have been made agents of record for this application.

Respectfully submitted,
Mina M. AZAD

By: 

Dennis R. Haszko

Reg. No. 39,575
Borden Ladner Gervais LLP
100 Queen Street, Suite 1100
Ottawa, ON
Canada K1P 1J9
Tel: (613) 237-5160
Fax: (613) 787-3558
E-mail: ipinfo@blgcanada.com

DRH/AAB/aab

Encls.

1. Auto-Reply Facsimile Transmission
2. Successful Facsimile Transmission Report
3. Form PTO/SB21
4. Revocation of Power of Attorney and Appointment of New Power of Attorney
5. Statement Under 37 CFR 3.73(b)
6. Assignment Recordal

USPTO 3/5/2004 12:39 PM PAGE 1/00. Fax Server
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Auto-Reply Facsimile Transmission

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Fax Sender at 613 787 3558 Borden Ladner Gervais LLP / s.r.l.

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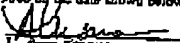
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03/05/2004 12:36 FAX 613 787 3558	BLG CANADA	003/007
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Date: March 5, 2004	 L. Anna Kirsten Registration No. 44,284	
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COMPANY:	United States Patent and Trademark Office	
CITY:	Alexandria, Virginia, United States of America	
FAX NUMBER:	703-872-9306	
DATE / TIME:	March 5, 2005	
FROM:	L. Anna Kirsten	
DIRECT DIAL:	(613) 237-3180	
OUR FAX NUMBER:	(613) 787-3558	
RE:	United States Patent Appln No. 10/032,014 Title: LABEL SWITCHED PATH DAM WRAPPER Inventor(s): AZAD, Nihal M. Owner: Nortel Networks Limited Our File: PAT 2224-2 US	
NUMBER OF PAGES, INCLUDING THIS PAGE: 7 CONFIRMATION TO FOLLOW: None		
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Date: March 5, 2004

L. Anne Kinsman

Registration No. 45,291

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CITY: Alexandria, Virginia, United States of America
FAX NUMBER: 703-872-9306
DATE / TIME: March 5, 2005
FROM: L. Anne Kinsman
DIRECT DIAL: (613) 237-5160
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 10/032,014
Title: LABEL SWITCHED PATH OAM WRAPPER
Inventor(s): AZAD, Mina, M.
Owner: Nortel Networks Limited



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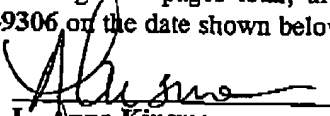
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COMPANY: United States Patent and Trademark Office
CITY: Alexandria, Virginia, United States of America
FAX NUMBER: 703-872-9306
DATE / TIME: March 5, 2005
FROM: L. Anne Kinsman
DIRECT DIAL: (613) 237-5160
OUR FAX NUMBER: (613) 787-3558

RE: United States Patent Appln No. 10/032,014
Title: LABEL SWITCHED PATH OAM WRAPPER
Inventor(s): AZAD, Mina, M.
Owner: Nortel Networks Limited
Our File: PAT 2224-2 US

NUMBER OF PAGES, INCLUDING THIS PAGE: 7
CONFIRMATION TO FOLLOW: None

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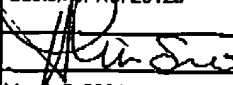
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/032,014	
	Filing Date	December 31, 2001	
	First Named Inventor	Mina, M. AZAD	
	Art Unit	2161	
	Examiner Name		
Total Number of Pages In This Submission	6	Attorney Docket Number	PAT 2224-2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	L. Anne Kinsman (Reg. No. 45,291) Customer No. 26123
Signature	
Date	March 5, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	10/032,014
Filing Date	December 31, 2001
First Named Inventor	Mina M. AZAD
Art Unit	2161
Examiner Name	
Attorney Docket Number	PAT 2224-2

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number:

26123

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

26123

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City				
Country		State		Zip
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Angela C. de Wilton, Director, Intellectual Property		
Signature	<i>Angela C. de Wilton</i>		
Date	3 March 2004	Telephone	(613) 768-3020

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: NORTEL NETWORKS LIMITEDApplication No./Patent No.: 10/032,014 Filed/Issue Date: December 31, 2001Entitled: LABEL SWITCHED PATH OAM WRAPPERNORTEL NETWORKS LIMITED, a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012421, Frame 0869, or for which a copy thereof is attached.

OR

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(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3 March 2004

Date

(613) 768-3020

Telephone number

Angela C. de Witton

Typed or printed name

Adel Wilton

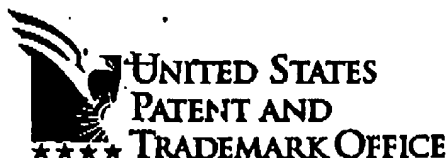
Signature

Director, Intellectual Property

Title

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FEBRUARY 26, 2002

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ROBERT G. HENDRY
P.O. BOX 3440, STATION D
OTTAWA, ONTARIO, CANADA K1P 6P1

101937865A

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RECORDATION DATE: 12/31/2001

REEL/FRAME: 012421/0869
NUMBER OF PAGES: 2

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:
AZAD, MINA

DOC DATE: 12/31/2001

ASSIGNEE:
NORTEL NETWORKS LIMITED
2351 BOULEVARD ALFRED-NOBEL
ST. LAURENT, QUEBEC, CANADA H4S 2A9SERIAL NUMBER: 10032014
PATENT NUMBER:FILING DATE: 12/31/2001
ISSUE DATE:ALLYSON PURNELL, EXAMINER
ASSIGNMENT DIVISION
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P. 039

12/31/01

01-09-2002

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(Rev. 03/01)
OMB No. 0851-0027 (exp. 5/31/2002)
Tel: 613 820 1553

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U.S. Patent and Trademark Office

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<p>1. Name of conveying party(ies):</p> <p>Mina Azad</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: Nortel Networks Limited</p> <p>Internal Address: _____</p> <p>Street Address: _____</p> <p>2351 Boulevard Alfred-Nobel</p> <p>St. Laurent, Quebec, Canada, H4S 2A9</p> <p>City: _____ State: _____ Zip: _____</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: December 31, 2001</p>	<p>4. Application number(s) or patent number(s):</p> <p>If this document is being filed together with a new application, the execution date of the application is: 12/31/2001</p> <p>A. Patent Application No.(s) _____</p> <p>B. Patent No.(s) _____</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Shapiro Cohen</p> <p>Internal Address: _____</p> <p>Street Address: P.O. Box 3440</p> <p>Station D</p> <p>Ottawa, Ontario, Canada, K1P 6P1</p> <p>City: _____ State: _____ Zip: _____</p>	<p>6. Total number of applications and patents involved: <input checked="" type="checkbox"/> 1</p> <p>7. Total fee (37 CFR 3.41).....\$ 40.00</p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____</p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>

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Robert G. Hendry

Name of Person Signing

Signature

12/31/2001

Date

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Washington, D.C. 20231

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TEL: 613 820 1553

P. 040

583P2103

ASSIGNMENT AND AGREEMENT

For value received, I, Mina AZAD whose full post office address is 19 Thistledown Court, Nepean, Ontario, K2J 1M9, Canada hereby sells, assigns and transfers to NORTEL NETWORKS LIMITED whose full post office address is 2351 Boulevard Alfred-Nobel, St. Laurent, Quebec, Canada, H4S 2A9 and its successors, assigns and legal representatives, the entire right, title and interest, for all countries, in and to the invention entitled LABEL SWITCHED PATH OAM WRAPPER as described in an application for letters patent filed in the UNITED STATES, the Declaration and Power of Attorney accompanying said application being executed on

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We request that any and all patents for said inventions may be issued to said assignee, its successors, assigns and legal representatives, or to such nominees as it may designate.

We agree that, when requested, we will, without charge to said assignee but at its expense, sign all papers, take all rightful oaths, and do all acts which may be necessary, desirable or convenient for claiming said priority rights and for securing and maintaining patents for said inventions in any and all countries and for vesting title thereto in said assignee, its successors, assigns and legal representatives or nominees.

We covenant with said assignee, its successors, assigns and legal representatives, that the rights and property herein conveyed are free and clear of any encumbrance, and that we have full right to convey the same as herein expressed.

THE UNDERSIGNED hereby authorizes the firm of SHAPIRO COHEN whose full office address in Canada is Suite 2001, 112 Kent Street, Ottawa, Ontario, K1P 5P2 and whose full mailing address is P.O. Box 3440, Station D, Ottawa, Ontario, K1P 6P1, to correct errors in this assignment or to insert any further identification or other information necessary or desirable to make this assignment suitable for recordal in the U.S. Patent Office.

EXECUTED AT Ottawa
this 31st day of December
2001.

Mina Azad
Mina AZAD

Witness: [Signature]